"GAME OF LIFE: ATTITUDES & CHOICES" Youth Board Application

PLEASE PRINT				
Name:		Gender:	Age:	Grade:
Address:		City:	Zip:	Home Phone: Cell Phone:
Email: School You Attend:		Parent/Guard	dian Name	(Printed):
Please respond to the	e following questions. Que	stions may be	answered	on a separate sheet of paper.
1) Why do you v	want to be a part of the yo	uth board?		
2) What person	al qualities do you possess	that will posit	ively influe	ence the youth board?
3) What do you	hope to gain by becoming	g a member of	the youth b	board?
4) What school	and extracurricular activiti	ies are you inv	olved in?	
	ıre:	Da	te:	
	O ATTEND MEETINGS:	artation for		(Youth Applicant)
to participate in y				
to participate iii y	routh bourd detivities, men	danig Wednes	ady meetin	(Driver, can be Applicant)
		PARENTA	L CONSEN	
	•			oard. I give me consent and support my daughter/son to participate on nvited and encouraged to attend and participate in the Conference
Parent/Guardian Sign	ature:			Date:
Please return this form to:		· (253) 856-6802		

**Integrity Statement: AS A YOUTH BOARD MEMBER YOU MAY NOT SMOKE TOBACCO, DO DRUGS, OR CONSUME ALCOHOL. **

sjudd@kentwa.gov

Personal Recommendations

Please have a teacher, counselor, school administrator, coach or pastor complete the following recommendation form. **Submit the completed forms with your application**. (You must submit two personal recommendation forms with your application)

Applicant's Name					
Relationship with Student					
On a scale of 1-5 (1 = Needs deve	lopmen	t 5 = Ex	cellent)	
Applicant:					
Demonstrates Commitment	1	2	3	4	5
Follows through on projects	1	2	3	4	5
Gets along well with others	1	2	3	4	5
Expresses creativity	1	2	3	4	5
Has good communication skills	1	2	3	4	5
Collaborates to find solutions to problems	1	2	3	4	5
Other comments:					
Signature:			D	ate:	

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